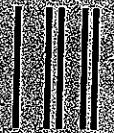


<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li><li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature </p> <p>B. Received by: Printed Name) <input type="checkbox"/> Agent </p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <b>ASUS COMPUTER INT'L</b> <b>800 Corporate Way</b> <b>FREMONT, CA 94539</b></p>		<p>3. Service type: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (transfer from service label)</p>		<p>RE 338 480 638 US</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		10259-02-M-1540	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

Sean M. Brenncke, Esquire  
Bouchard Margulies Friedlander  
222 Delaware Avenue Suite 1400  
Wilmington, DE 19801

Exhibit 2 Amended Complaint

(Redacted by the Plaintiff)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

LG Electronics MobileComm  
USA, Inc.  
10101 Old Grove Road  
San Diego, CA 92131

2. Article Number:

(Transfer from service)

RE 338 480 653 US

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:

 Agent  Addressee

B. Received by / Printed Name:



C. Date of Delivery:

9/19

D. If delivery address different from item 1,  YesIf YES, enter delivery address below:  No

3. Service Type:

U.S. Postage

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

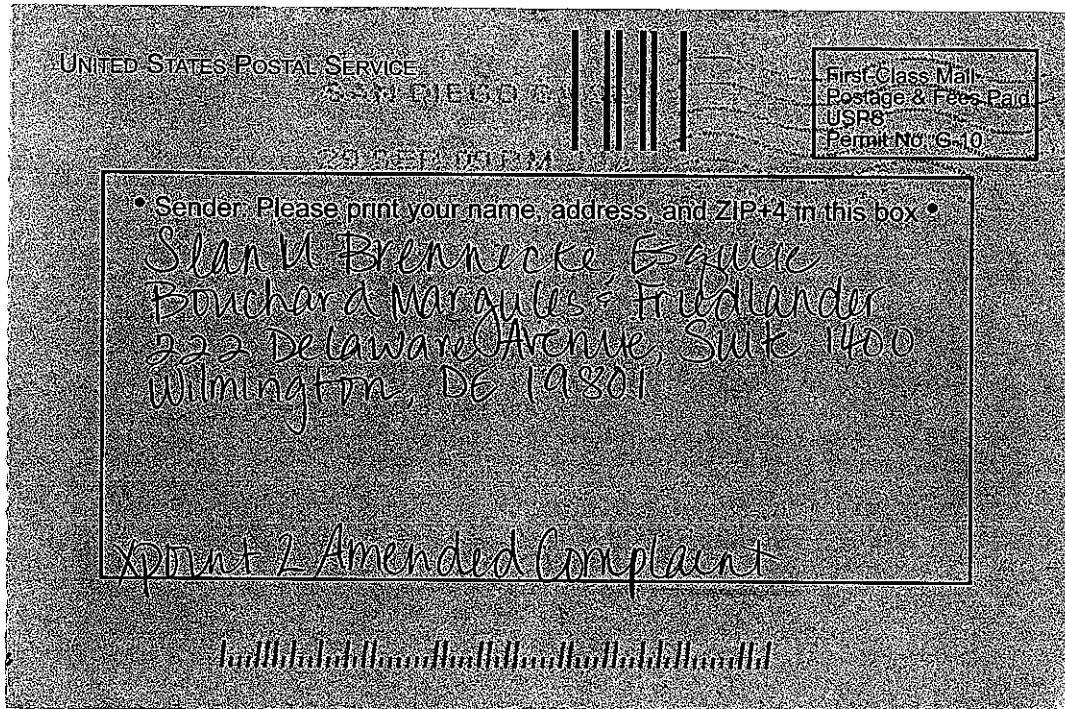
4. Restricted Delivery? (Extra Fee):

 Yes

PS Form 3811, August 2001

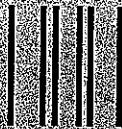
Domestic Return Receipt

02595-02-0-1542



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p>B. Received by (Printed Name) John Doe <input checked="" type="checkbox"/> N/A <input type="checkbox"/> C. Date of Delivery 9/18</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>Acer America Corporation</b> 333 West San Carlos St Suite 1500 San Jose, CA 95110</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><b>RE 338 480 622 US</b></p>	

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box.

Stan M. Brueckner Esquire  
Richard Margolis & Friedlander  
322 Delaware Avenue, Suite 1400  
Wilmington, DE 19801

Amended Complaint

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece or on the front, if space permits.

1. Article Addressed to:

Almotech, Inc.  
1195 N. First Street  
San Jose, CA 95112

2. Article Number:

*(Transfer from service label)*

RE 338 480 640 US

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature:

 Agent Addressee

B. Received by / Printed Name:

C. Date of Delivery:

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

 No

3. Service type:

 Certified Mail  Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra fee):

 Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box. •

Stan M. Beckenbauer, Esquire  
Bouchard, Mary, US Friedlander  
222 Delaware Avenue, Suite 1400  
Wilmington, DE 19801

Amendment 2 Amended Complaint